

APPLICATION FOR PLAN REVIEW

FEE: \$20.00 (Checks to Town of Essex) APPLICATION NO. _____ DATE: _____ CK. NO. _____

ALL REQUESTS FOR ADDITIONS, RENOVATIONS, WINTERIZATION, USE CHANGES, SWIMMING POOLS, HOT TUBS, GARAGES OR SHEDS ON PERMANENT FOUNDATIONS, REQUIRE APPROVAL ON THIS FORM FROM THE HEALTH DEPARTMENT PRIOR TO ISSUANCE OF A BUILDING PERMIT. IF THE EXISTING SEPTIC SYSTEM DOES NOT COMPLY WITH THE CURRENT PUBLIC HEALTH CODE REQUIREMENTS, FURTHER TESTING AND/OR A DESIGN FOR A CODE-COMPLIANT SYSTEM IS REQUIRED. IN SOME INSTANCES, SEPTIC IMPROVEMENTS MAY BE REQUIRED AS WELL.

STREET LOCATION _____ MAP: _____ LOT: _____
NUMBER STREET TOWN

OWNER: _____ PHONE: _____

ADDRESS: _____

APPLICANT: _____ PHONE: _____

ADDRESS: _____

I hereby request Health Department approval of a plan to:

- ☐ Build an addition or renovate an existing building. This addition or renovation will:
 - ☐ Increase the lot coverage by _____ square feet.
 - ☐ Increase the number of bedrooms from _____ to _____.
 - ☐ Increase number of employees from _____ to _____.
- ☐ Winterize a seasonal building.
- ☐ Change the use of an existing building (residential to commercial, for example).
- ☐ Construct a garage, deck, porch or accessory building with foundation (circle which).
- ☐ Construct an in-ground pool, above-ground pool or hot tub (circle which).
- ☐ Modify the lot line(s) on an existing property.

Additional required information:

Lot Size: _____ Existing Bedrooms/Septic Design Size: _____ Last Pumpout: _____
As-Built on File: Y/N Installation Date: _____ Installer: _____ Engineer: _____

Please submit a brief description of the proposed modification, including a sketch that shows property limits, existing and proposed buildings, and locations of existing septic system and well or public water line. If you have as-built drawings of the septic system or prior soil testing information, please submit them with this application.

HEALTH DEPARTMENT REVIEW

B100a requirements met: By existing system: Y/N By submitted plan: Y/N

☐ NOT APPROVED. Proposal must be re-submitted with plan showing potential area for septic system that meets all requirements of Connecticut Public Health Code. This plan may be prepared by an engineer or a licensed septic installer. Contact the Essex Health Department for specific requirements.

☐ APPROVED WITH NO MODIFICATION of the existing septic system.

☐ APPROVED WITH THE FOLLOWING MODIFICATIONS of the existing septic system:

Department Signature: _____

Carol L. Speer, R.S., Sanitarian

Date _____